

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) PO Box 2967
 Check if different than previously reported. (ACC) Prescott AZ 86302

2. **FEC IDENTIFICATION NUMBER** C C00461806 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) AZ 04

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 08 / 26 / 2014 in the State of AZ
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2014 through 08 / 06 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. W. Brian Powley

Signature of Treasurer Dr. W. Brian Powley *[Electronically Filed]* Date 08 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 08 / 06 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15965.00	427618.03
(b) Total Contribution Refunds (from Line 20(d))	0.00	555.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15965.00	427063.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8865.91	195357.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15194.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8865.91	180162.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	200465.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3700.00	222366.04
(ii) Unitemized.....	515.00	27483.55
(iii) TOTAL of contributions from individuals ▶	4215.00	249849.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11750.00	177768.44
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15965.00	427618.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	148.81
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15194.83
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	2.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15965.00	442964.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8865.91	195357.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	555.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	555.00
21. OTHER DISBURSEMENTS	2000.00	118700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10865.91	314612.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	195366.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15965.00
25. SUBTOTAL (add Line 23 and Line 24).....	211331.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10865.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200465.16

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Robert Hawke

Mailing Address 1575 N. Swan #200

City Tucson State AZ Zip Code 85712

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert F. Hawke, DDS Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.18287

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Gary M. Herbert

Mailing Address 11581 E. Horseshoe Lane

City Dewey State AZ Zip Code 86327

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.18294

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Glenn Hickman

Mailing Address 6615 S Jackrabbit Trail

City Buckeye State AZ Zip Code 85326

FEC ID number of contributing federal political committee. **C**

Name of Employer Hickman Farms Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.18275

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bob Holmes

Mailing Address 610 N Edison St.

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.18290

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Michael Mongini

Mailing Address 302 N Verde St.

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hufford, Horstman, Mongini Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.18273

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Michael Shetler

Mailing Address 702 E Osborn Ste 160

City State Zip Code
Phoenix AZ 85014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Shetler & Associates Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2014

Transaction ID : SA11AI.18288

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Timmons

Mailing Address 1730 Rhode Island Ave. NW #317

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer The Cormac Group Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11Al.18291

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

3700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'

Mailing Address 100 WEST THIRD AVE SUITE 350

City State Zip Code
COLUMBUS OH 43201

FEC ID number of contributing federal political committee. **C** C00489419

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : SA11C.18278

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ARIZONA DAIRYMEN POLITICAL ACTION COMMITTEE (ADPAC)

Mailing Address P.O. BOX 26877

City State Zip Code
TEMPE AZ 85285

FEC ID number of contributing federal political committee. **C** C00085019

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11C.18279

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NESTLE WATERS NORTH AMERICA INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 777 West Putnam Ave.

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00302943

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11C.18280

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SARAH PAC

Mailing Address **PO Box 7711**

City **Arlington** State **VA** Zip Code **22207**

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : SA11C.18277

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ **5000.00**

_____ **11750.00**

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014	
Mailing Address 3 World Financial Center			Amount of Each Disbursement this Period 30.65	
City New York	State NY	Zip Code 10285	Transaction ID : SB17.18312	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 915 South 500 East, Suite 200			Amount of Each Disbursement this Period 27.95	
City American Fork	State UT	Zip Code 84003	Transaction ID : SB17.18311	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 915 South 500 East, Suite 200			Amount of Each Disbursement this Period 27.95	
City American Fork	State UT	Zip Code 84003	Transaction ID : SB17.18316	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	86.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 487.23 Transaction ID : SB17.18298
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meals		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Conservative Business League			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 3375 E Shea Blvd, Ste 2-B			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.18295
City Phoenix	State AZ	Zip Code 85028	
Purpose of Disbursement Production - Set Time		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Global Payments			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 10 Glenlake Pakrway			Amount of Each Disbursement this Period 59.15 Transaction ID : SB17.18313
City Atlanta	State GA	Zip Code 30328	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional)	1046.38
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Global Payments		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 63.50
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.18315
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2450 Perimeter Park Drive #105		Amount of Each Disbursement this Period 80.25
City Morrisville	State NC Zip Code 27560	
Purpose of Disbursement Email Service	Category/Type	Transaction ID : SB17.18299
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PaysonPro Rodeo Committee		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address P. O. Box 937		Amount of Each Disbursement this Period 600.00
City Payson	State AZ Zip Code 85547	
Purpose of Disbursement Advertising at Event	Category/Type	Transaction ID : SB17.18304
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	743.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 144 2nd St,		Amount of Each Disbursement this Period 9.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : SB17.18314
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Revolis		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 7185 Navajo Rd #P		Amount of Each Disbursement this Period 2500.00
City San Diego	State CA Zip Code 92119	
Purpose of Disbursement Campaign Management	Category/Type	Transaction ID : SB17.18309
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Revolis		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 7185 Navajo Rd #P		Amount of Each Disbursement this Period 500.00
City San Diego	State CA Zip Code 92119	
Purpose of Disbursement	Category/Type	Transaction ID : SB17.18300
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3009.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Revolis

Mailing Address 7185 Navajo Rd #P

City San Diego State CA Zip Code 92119

Purpose of Disbursement Campaign Management

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2014

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.18310

Full Name (Last, First, Middle Initial)
B. Scottsdale Gun Club

Mailing Address 14860 N Northsight Blvd

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement Facility Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 28 / 2014

Amount of Each Disbursement this Period: 854.20

Transaction ID : SB17.18306

Full Name (Last, First, Middle Initial)
c. Smart Practice

Mailing Address 3400 E. McDowell Rd.

City Phoenix State AZ Zip Code 85008

Purpose of Disbursement Campaign Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2014

Amount of Each Disbursement this Period: 1788.14

Transaction ID : SB17.18317

SUBTOTAL of Disbursements This Page (optional) 3892.34

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank Fees	Transaction ID : SB17.18308
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	8781.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 16
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HURD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014
Mailing Address PO BOX 656		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18301
City HELOTES	State TX	
Zip Code 78023	Purpose of Disbursement Campaign Contribution	Category/ Type 011
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 23	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00